

ROSEBUD HEALTH CARE CENTER  
POSITION DESCRIPTION/ANNUAL EVALUATION

Department Name/Number	Position Title	Reports To
Radiology	Radiology Technologist	Radiology Manager
<b>Date Written or Revised:</b> 5/2017	<b>Supervisor Signature/Date:</b>	
<b>Position Grade:</b> 39	<b>Administration Signature/Date:</b>	
<b>Status:</b> Non-Exempt	<b>Human Resources Signature/Date:</b>	
<b>Employee Name:</b>		
<b>Hire Date:</b>	Evaluation Due in Human Resources on:	
Reason for Evaluation:    Annual _____    Special _____		

To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below are representative of the knowledge, skill and/or ability required. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

**POSITION SUMMARY STATEMENT:** In this position, the Radiologic Technologist performs radiographic procedures in order to obtain desired radiographic results according to physician's specifications that includes, but is not limited to, transferring patients for examinations, performing the x-ray examination process, reviewing test result and repeating any process necessary.

**ESSENTIAL DUTIES & RESPONSIBILITIES:**

1. Selects and operates equipment while selecting proper technical factors on an individual patient basis, practicing ALARA for radiation safety/awareness.
2. Assists physicians in performance of examinations by mixing and pouring contrast media, administering opaque medium holding and turning patients, assisting in sterile procedures, and other related duties as required
3. Accurately performs all order completion, documentation and review of radiology charge merges in computer system.
4. Follows all safety standards established by RHCC facility and the radiology department.
5. Maintains accurate radiology department files.
6. Performs ordering and inventory control for radiology, as needed, with authorization from radiology manager.
7. Follows all radiology department policies and procedures.
8. Maintains excellent intra- and inter-departmental relations within the RHCC facility.
9. Shares call hours for all areas of radiology, as assigned by the radiology manager.
10. Participates in continuing education, as required for Montana State licensure and ARRT certification.

The employee will demonstrate the ability to: manage time, maintain a safe and clean environment, practice confidentiality, treat all persons with respect and professional courtesy, accept change, support the mission and vision of Rosebud Health Care Center (RHCC), accept and provide constructive feedback, be a team player, and adhere to the infection control, fire and safety, disaster and hazardous waste policies. The employee must also demonstrate the competencies for the position and adhere to policies and procedures for their department.

A review of this description has excluded the marginal functions of the position that are incidental to the performance of fundamental job duties. This job description in no way states or implies that these are the only

duties to be performed by the employee occupying this position. Employees will be required to follow any other job-related instructions and to perform other job-related duties requested by their supervisor in accordance with regulatory, legal, and organizational policies and procedures.

**Education, Experience and Licensure/Certification Requirements:** Requirements are representative of the minimum level of knowledge, skills and/or abilities necessary to perform the essential functions of the position.

1. ARRT Certified
2. Current Montana State Licensure.
3. Ability to communicate effectively and diplomatically within a multi-functional team
4. Strong organizational skills and attention to detail
5. Ability to successfully function in a fast paced, service oriented environment
6. Experience in understanding and usage of computers

**Reporting Relationship: Radiology Manager**

**Employees Supervised: NA**

**Physical Demands**

Checked are the physical requirements that apply to this position

- Sedentary-Primarily sitting/lifting 10 lbs maximum
- Light-Lifting 20 lbs maximum with frequent lifting/carrying up to 10 lbs
- Medium-Lifting 50 lbs maximum with frequent lifting/carrying up to 20 lbs
- Heavy-Lifting 100 lbs maximum with frequent lifting/carrying up to 50 lbs
- Very Heavy-Lifting objects over 100 lbs with frequent lifting/carrying up to 50 lbs

Checked are the appropriate factors for this position

Occasionally	0-33% of the work shift	Frequently	34-66% of the work shift
Constantly	67-100% of the work shift	N/A	Not Applicable for this position

<b>Physical Factors</b>	N/A	Occasionally	Frequently	Constantly
Standing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sitting	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pushing (wt 50+)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pulling (wt 50+)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Stooping	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Kneeling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crouching	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaching	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Filing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Typing (Computer)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Copying	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Talking	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Visual Acuity	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Driving	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Environmental Factors</b>	N/A	Occasionally	Frequently	Constantly
Exposure to Weather	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extreme Heat	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extreme Cold	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Noise	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dust, Vapors, Fumes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Odors	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Bloodborne Pathogens** Checked is the appropriate category for position

- Category I - Job classification in which tasks involve exposure to blood, body fluids or tissue
- Category II - Job classification in which tasks involve no exposure to blood, body fluids or tissue but employment may require performing unplanned Category I tasks
- Category III - Job classification in which tasks involve no exposure to blood, body fluids or tissues and Category tasks are not a condition of employment

**Protective Equipment** Checked is the equipment that may be required to be worn in this position

- Not Applicable
- Hearing Protection     Gloves     Goggles     Safety Glasses     Face Shields
- Face Masks-Surgical, N95, Respirator     Moisture Resistant-Gown/Lab Coat

**I have read and understand the above job description. I hereby certify that I am qualified and able to perform all the above functions, duties and physical demands. I will perform this job to the best of my ability.**

Name \_\_\_\_\_

Date \_\_\_\_\_

# PERFORMANCE EVALUATION

Employee Name: \_\_\_\_\_ Position: Radiology Technologist

Department: Radiology

Evaluated By: \_\_\_\_\_ Position: Radiology Manager

Period of Review: \_\_\_\_\_ to: \_\_\_\_\_

## PART ONE: ESSENTIAL JOB FUNCTIONS

These are five Essential Functions/Duties/Responsibilities on which the employee is to be evaluated for the job description assigned. Provide a written description of the performance demonstrated and write the performance level achieved by the employee, based on the scale described below, in the final column.

### PERFORMANCE LEVELS

- |   |                             |                              |
|---|-----------------------------|------------------------------|
| 5 Exceeds all requirements                          | 4 Exceeds many requirements | 3 Meets normal requirements  |
| 2 Improvement is needed to meet normal requirements |                             | 1 Fails to meet requirements |

1. **Duty/Responsibility:** Selects and operates equipment while selecting proper technical factors on an individual patient basis, practicing ALARA for radiation safety/awareness.

**Performance:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. **Duty/Responsibility:** Assists physicians in performance of examinations by mixing and pouring contrast media, administering opaque medium holding and turning patients, assisting in sterile procedures, and other related duties as required

**Performance:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3. **Duty/Responsibility:** Accurately performs all order completion, documentation and review of radiology charge merges in computer system.

**Performance:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

4. **Duty/Responsibility:** Maintains accurate radiology department files.

**Performance:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

5. **Duty/Responsibility:** Follows all safety standards established by RHCC facility and the radiology department. Follows all radiology department policies and procedures.

**Performance:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. **Duty/Responsibility:** Performs ordering and inventory control for radiology, as needed, with authorization from radiology manager.

**Performance:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TOTAL SCORE:**

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## PART TWO - GENERAL PERFORMANCE FACTORS

The following performance factors tend to reinforce the performance level identified in Part One. Provide a written description of the performance demonstrated and write the performance level achieved by the employee, based on the scale described below, in the final column.

### PERFORMANCE LEVELS

5 Exceeds all requirements      4 Exceeds many requirements      3 Meets normal requirements  
 2 Improvement is needed to meet normal requirements      1 Fails to meet requirements

- |   |  |
|---|--|
| <p>1. <b>Quality of Work:</b> Ensures accuracy and completeness of work performed. <b>Work Ethic:</b> When assigned work is complete, seeks additional tasks to be done.<br/>                 Remarks: _____</p>  |  |
| <p>2. <b>Initiative:</b> Ability to originate / develop / implement constructive ideas and solutions to problems. <b>Judgment/Decision-Making:</b> Ability to analyze situations and arrive at logical, practical decisions.<br/>                 Remarks: _____</p>  |  |
| <p>3. <b>Dependability:</b> To what extent can he/she be counted on to fulfill responsibilities?<br/>                 Remarks: _____</p>  |  |
| <p>4. <b>Communication Skills:</b> Provides oral or written information in a clear, concise manner.<br/>                 Remarks: _____</p>   |  |
| <p>5. <b>Teamwork:</b> Exercises tact, courtesy, and flexibility in relationships with others and enhances task accomplishment through positive supporting cooperation. Channels concerns appropriately, deals with conflict appropriately and privately.<br/>                 Remarks: _____</p>   |  |
| <p>6. <b>Ethics and Integrity:</b> Complies with policies, regulations and codes of conduct governing all aspects of job responsibilities. Maintains confidentiality of patient and employee information in verbal, written and electronic information.<br/>                 Remarks: _____</p>   |  |
| <p>7. <b>Attitude:</b> Consistently displays behavior that enhances the image of the organization.<br/>                 Remarks: _____</p>  |  |
| <p>8. <b>Education/Development:</b> Attends department staff meetings, in-service programs, and completes Silver Chair Learning assignments on a regular basis.<br/>                 95-100% = 5    85-95% = 4    80-85% = 3    70-80% = 2    Below 70% = 1<br/>                 Remarks: _____</p>   |  |
| <p>9. <b>Attendance/Reliability:</b> Absence/Tardy occurrences are within policy guidelines:<br/>                 90 day: Perfect Attendance = 5      Annual: Perfect Attendance = 5<br/>                         1 or less day = 3                      2 or less days = 3<br/>                         2 days = 1                                3 - 5 days = 2<br/>                         3 days = possible termination      6 or more days = possible termination<br/>                 Remarks: _____</p> |  |

**TOTAL SCORE:**

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### **PART THREE - DETERMINING THE OVERALL EVALUATION**

Add the Total Scores of the performance level for each criteria in Parts One and Two.  
Divide the Total Scores from Parts One and Two by the total number of criteria (15) to determine the average or Overall Evaluation Score.

Indicate the Overall Evaluation Score here: \_\_\_\_\_

**Strengths/Accomplishments:** List areas of job performed well during the past year

**Goals for coming year:**

#### **Skills Improvement/Performance Improvement Plan**

List areas for improvement and identify resources available or needed to attain improvement

#### **Manager/Supervisor Comments**

**Manager/Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please sign on the line below to indicate that you have had an opportunity to review and discuss your performance evaluation with your supervisor. Your signature will also indicate that you are aware of and have discussed the Performance Improvement Plan which has been established and will be reviewed in your next performance evaluation.

**Employee's Comments:**

**Employee's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Your signature does not indicate that you agree with the performance evaluation.

**SUPERVISOR: PLEASE RETAIN A COPY OF THIS APPRAISAL  
FOR YOUR RECORDS**